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LEADING ARTICLES

THE ISLE OF SPICY BREEZES.

FOURTH LETTER.

ROBERT G. ECCLES, M. D.

BROOKLYN, N. Y.

CEYLON AND ITS ODD CUSTOMS.

Ceylon—Bishop Heber's "isle of spicy breezes"—is just half way around the globe from central Kansas. Colombo and Dodge City are on almost opposite parallels of longitude. When an American tourist lands at Colombo he feels as if he had spanned about half the globe. Should he try to judge of his whereabouts by the novelty of his surroundings he might be tempted to picture himself as having reached another planet. Every thing is new, strange, startling. The waiters in his hotel he takes to be young women, and is astonished on learning that they are young men. Their looks and dress, even to the way they wear their hair, is, to the freshly arrived American, evidence that they must be women. He goes into the streets and encounters other women-like men, but as some of them have beards he begins to realize that Singapore ways are not as our ways. These hatless men wear their hair done-up with combs, have skirts on instead of pants, and their upper garments are much like those

worn by European women. To see them, with their large tortoise shell hair combs, and not to see their faces, is to be certain that they are women. When they are without beards their effeminate looks make it hard to be sure that it is a man instead of a woman that one is looking at. The garments of the men are much like those of the women, but the latter do not wear hair-combs and, where they imitate the Tamil women, their supplies of jewelry constitute a ready means of distinguishing them from their lords and masters.

The Tamil women are Hindoos by descent and are readily distinguished by the gorgeousness of their costumes and the numbers of their jewels. Their ears, noses, necks, arms, fingers, toes, wrists and ankles are covered with them. The noses and ears are slit instead of bored, in order to let in immense gold, or silver rings and these latter have pendants hanging all around them. Instead of being satisfied with one slit in the lobe of the ears they have three to each ear. One is at the top, one in the middle and one at the bottom. This mutilating must have been going on for milleniums and yet there is not the slightest evidence of any mark, indentation, or cut being acquired as a hereditary character. Because of the toe and ankle jewels the women go shoeless, stockingless, and short skirted. The priests wear orange-yellow garments, and these with the green, crimson, purple, white, and other colored garments of the laity, give the streets a rather gay appearance. The chief colors, however, are green, white and red. The coolies tread the streets clad in a loin cloth and their utter unconsciousness of there being anything undecorous in their conduct is evident from a survey of their faces. The children are nearly all living bronze statues, sans garments. The little daughters of the rich go around clad in silver or gold bangles. Around their little waists a silver chain is hung and this is strung around with little pendants, the center one being moulded into the form of a heart and takes the place of a fig-leaf

brids) are seen and they imitate the natives

Many Eurasians (European-Asiatic) hy more often than they do the whites. The Singapore, Tamils, and the Eurasians are a very quiet, unobstrusive people. The contrast between them and the people of Egypt, Palestine, Turkey and Greece, in this respect, is very noticeable. They go about their busi-

ness without noise, excessive gesticulating, or quarreling. They are exceedingly deferential toward tourists, and any little attention that white people pay them seems to be highly appreciated. They appear to be very particular in trying to keep their person clean.

ABLUTIONS OF THE NATIVES.

Our first introduction to this phase in their character occurred at Kaduganawa station one morning when we had made an early start for a distant part of the island. Our train, being a mixed one, stopped to do some switching. The sun was rising as we approached the station and we were surprised at seeing three native women attending to their toilet by the wayside. One was a lady advanced in years, while the two young women were under 25 years of age. On the wooded hillside, not far from the track, there was a spring and from it they procured water, carrying it to the road in a small brass vessel which they had with them. They were taking turns at washing out their mouths and gargling their throats. They did not put the brass vessel into their mouths to take their supplies of water, but poured it first into the palms of their hands, and from thence into their mouths. When they needed a liberal supply they held their hands against their mouths, palms up, and then poured the water into the palm in a way that caused it to run into the mouth. The buccal ablutions must have been at least a dozen for each of them. After this was ended then began the washing of their heads and faces, the water always being conveyed to their persons through their palms. After the faces and heads were washed the noses came in for liberal ablutions, internally. They sniffed the water up and spat it out by the mouth. This finished, the mouths had to be again washed, rewashed, and re-rewashed. Now it was the turn for the feet and these were gone over many times before the fair ones seemed to be satisfied with the job. But next came a new surprise. We thought the mouths had been so thoroughly washed that they would need no farther attention that day, but, no, they had to be washed again. In ejecting the water from their mouths they seemed to do their best to try and send it as far away from where they stood as they possibly could. Now we thought that surely their toilet would end, but it had scarcely begun. The lower limbs, up to and beyond the knees, received due attention in spite of their being in a public place. They next dropped their single garment down over these limbs and tied it around their waists while they proceeded to cleanse the upper parts of their bodies, but, first, how-

ever, giving their mouths a few more turns of intaking and ejecting of water. When they had finished they drew a fold of their garments over their right shoulders, fastened them in place, and, with the left arms and left sides bare, proceeded on their ways together. This was the type of full morning dress for that part of the country.

A QUESTION OF PROPER DIET.

We had still another illustration of the habits of the people of this island, in which they differ materially from us. On our way to Nuwara Eliya, the sanitarium of Ceylon, we had as a fellow-passenger a reverend gentleman of the Tamil race. The Tamils were the conquerors of the country before the advent of Europeans. They came from Hindostan many generations ago and are quite numerous here. I got into conversation with him and among other things he told me of his visit to the bishop of his church, who is a white man living in Kandy. He spent a few days as the guest of the bishop and his family. He was lavish of his praise of their great kindness. They had tried in every possible way to make his visit a pleasant one, but he confessed to me that he was glad to get away because he was hungry all the time he was with them. They supplied him with wheaten bread, chicken, fish, cake, pies, and all the good things that the lady of the house could think of, but without avail. He would have starved if he had remained. Nothing he ate satisfied his longings for rice, gram and curry. They had none of these, and he could not make a satisfactory meal without them. It never occurred to them that what was good for them was totally unadapted to the requirements of their native guest.

How often have I seen this kind of a blunder made by medical men in trying to care for their patients. The doctor, being fond of wine, prescribes it for a stomach to which it is an abomination. How few are the physicians who stop to think that ages of natural selection must have taught the stomachs of their patients the needs of their bodies a thousand times better than any rule of thumb could devise, or the likes and dislikes of the medical attendant could determine. If an ox could be taught medicine there is but little doubt but that he would order hay, or oats, for all on whom he might be called to attend, even if some of them were carnivorous creatures. Rice is the mainstay of almost all Asiatic races. To them it is the staff of life and it is with the utmost difficulty they can do without it.

MOSQUITOES AND THE RICE FIELDS.

Right here is one of the greatest problems that the medical world has yet to face. Not until I reached Ceylon had I the slightest appreciation of the difficulties or of the magnitude of the problem. Filled with enthusiasm over the grand discoveries of Laveran and Ronald Ross I had come to think that we would soon be on the way toward the extermination of the anophele and to the redeeming of the richest part of the earth to civilization. Ceylon has almost disillusioned me. Since I have seen just how rice is cultivated and learned how essential rice is to the comfort and health of more than half of the human family my dream of the subjugation of the tropics has almost vanished. To see the so-called "paddy" fields and watch the natives at work in them is to learn that mosquito extermination is likely to require milleniums of time. Every paddy or rice field is a breeding place for these pests, and in order that Asiatic people shall obtain the kind of daily bread which they require, by far the largest proportion of soil cultivated for any one crop must be kept under water as a shallow swamp. This is just the kind of places in which culex and anophele thrive. It thus happens that an exceedingly large part of every tropical and semi-tropical country, in the Eastern hemisphere, must be devoted to the breeding of mosquitoes. No kerosene treatment can be applied to such soil, because of its effects upon the crops and on the peasants who have to do their work by standing all day long, day after day, for weeks and months, almost to their knees in mud and water. Crop succeeds crop in rotation so that the water is incessant. While one field is ripening another is being planted, and still another plowed. The planting is done in the same manner as our farmers plant cabbage. The seed plants are first grown in one field and these then transplanted in rows in a different field. All this planting, plowing, transplanting, etc., is done in water and mud. At no time in the year is there an absence of ponds for mosquitoes to develop in.

Nor do the paddy fields complete the list of sources of danger. Where rice is the staple article of diet the ordinary rain supplies of moist climates is not enough to meet the requirements. The irrigation needs necessitate the storage of water in immense reservoirs. These are known in Ceylon as "tanks," and at one time the island was so thick with them that their remains can be found now in every direction.

Even the vegetable world conspires toward the production of unhygienic conditions. In the deepest jungles and forests innumerable

pitcher plants and other plants with water storing contrivances can be found where mosquito eggs hatch in great abundance. When we fairly weigh all of these facts it does not seem possible that, by any human effort, the production of tropical malaria can be materially lessened.

THE GENUS LEMNA.

I can at present see but one ray of hope in this direction. Major Aide, of the British army, after a careful investigation of the conditions governing the development of Culicidae in Hindoo tanks, makes the unqualified statement that wherever he has found a tank the surface of which was covered with Lemna minor (lesser duckweed), no mosquito larvae, or eggs, could be found. He examined other tanks at the same seasonable times in the year as he investigated those with the weed and in every instance he found eggs and larvae of these pests when the Lemna was not present.

Nature, the English scientific journal, in commenting on Aide's statement, assures its readers that other species of the genus Lemna, besides minor, have apparently the same marked effect on the frequency of both Anopheles and Culex in Great Britain. If we can rely on these statements this constitutes a discovery second only to that of Major Ross, made in the same country (Hindustan). The genus Lemna, strange to say, is one of only a few plants that exists in every part of the world where mosquitoes are a menace to man. Lemna minor is quite common in nearly every section of the United States where there are ponds. If it is the natural enemy of the mosquito this fact should be come universally known and every effort should be made to favor its spread, particularly in ponds where mosquitoes lay their eggs. By the aid of Lemna and by the educating of the public into a knowledge of what the mosquito larva looks like, it might be possible to materially restrain and, finally, exterminate these carriers of disease. This, at least, seems at present to be our only source of hope for the future advancement of civilization into the fairest and richest agricultural parts of our planet.

Let the cheap labor of the Orient be employed in scattering the seeds of Lemna and collecting and destroying the larvae of mosquitoes, and land that is now given over to crocodiles, pythons, ticpolongos, and cobras, as the most choice parts of Ceylon now are, may soon become the best parts of the earth.

EVIDENCES OF ANCIENT GREATNESS.

At one time it was far more densely populated than it is today. Two such immense

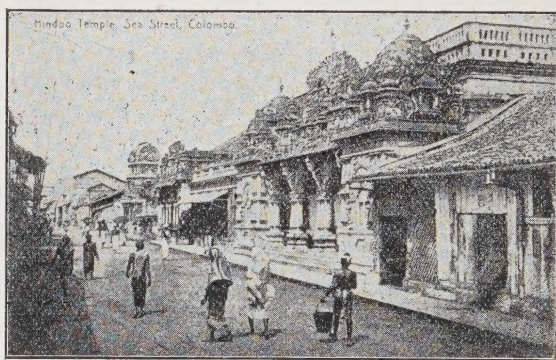
cities as Pollonaruwa and Anuradhapura, with the myriads of scattered ruins of tanks, dagobas, monasteries, and canals show what the Isle of Serendib, so frequently referred to in Sinbad the Sailor, once was. What has become of its millions of people? I spent a couple of days riding and walking through the deserted streets of the ancient northern capital and was astonished at the still remaining evidences of its former greatness. The cleanly habits of its now silent multitudes is in full evidence among the thousands of stone bathing cisterns scattered through every street. For nearly 120 years a surging mass of human beings came and went within the sacred precincts of this holy city of Buddha. For 2150 years the sacred Peepul, or Bo tree (*Ficus religiosa*), has been faithfully guarded by a band of yellow robed priests. One generation comes and another goeth, but still a group remains to look after the interests of this sacred object. It was planted here when Buddhism first came, and the unbroken record of its genuineness makes of it the only tree in the world historically known to be of such great age. The tree of which it is said to be a branch, grew in Saranath, India, and under it the faithful believe, the Lord Buddha, as Gautama, meditated, while seeking to attain Nirvana. When the priests planted it in this spot they had no idea of the fitness of soil and climate that they had chosen for this particular kind of tree. Its hygrophylous leaves, with their long, dripping points tell the story of its geological development in an environment of moisture such as that found at Anuradhapura. Had this city been half as well adapted to human beings, as it was to the sacred tree of Buddha, a dense population would probably have remained with it throughout its history.

The Singalese must have become well acclimated to this region, but to their conquerors, the Tamils, it was death. They could endure Kandy, but neither of the ancient capitals were suited to their needs. Disease and death lurked in every swamp, and even in the irrigation tanks that surrounded them. The palaces, the monasteries, the dagobas were all left to the riot of tropical vegetation which soon buried them in the depth of a jungle. A few lonely monks remained to watch the maw of time eat up the ancient splendor. Many of the relics were removed from the dagobas and carried to the Buddhist temple at Kandy, and while many more must still be there, hidden away beneath those great, masses of brick, the latter city has divided the attractions for the pilgrims who come to this Mecca from China, Japan, Korea, Burmah, Siam, Thibet and Java.

THE SACRED MOUNTAIN.

The sacred mountain—Adam's Peak—likewise has great interest to these people as they consider it the spot from which Buddha ascended to heaven. They point to a hollow spot on the top of the mountain as where he left his foot-print at the time of this ascent. This, however, is contested by the Mohammedans who assure the visitors that it is the mark of Adam's foot when he landed here after his expulsion from the Garden of Eden.

Around Adam's Peak and around Nuwara Eliya mosquitoes are few and the climate wholesome. Hakagalla, the site of the government experimental gardens, is near the last named place.



Hindoo Temple, Colombo.

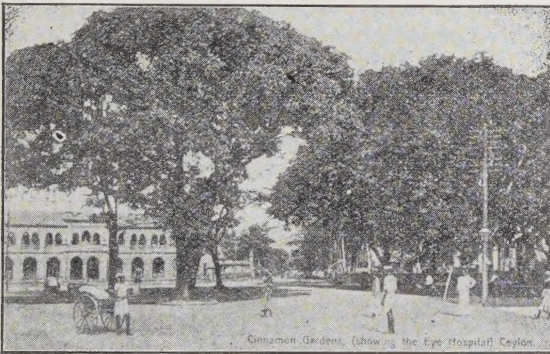
TYPHOID FEVER INFECTION.

On the hills, facing Hakagalla, the Boer prisoners were kept and it was here that British medical men had the truth so forcibly driven home to them that there are other far more dangerous carriers of typhoid fever, besides, than water. All the prisoners were kept corralled by themselves within a barbed wire fence through which no one was allowed to go. A guard of armed men was kept constantly around the outside of this fence and no one was allowed to go within several feet of the prisoners. Contact between soldiers and prisoners was impossible. Food was passed to the prisoners through the fence. Their water, as well as the water for the soldiers, came from a spring far up the mountain. It came through metal pipes directly from its source and was, therefore, absolutely beyond the possibility of infection. Only condensed milk was permitted to be used by either soldiers or prisoners. Every soldier who left the camp to visit Nuwara Eliya, or other surrounding town, was compelled to carry with him a canteen filled with the spring water for use while away. For months they all enjoyed the best of health.

In December a new lot of prisoners arrived from South Africa. Among them was one sick with typhoid fever. He was taken down in the ship, after leaving Cape Town. In about three weeks after his arrival others of the prisoners became sick and it was soon discovered that they too had typhoid fever. Steadily the number of cases increased, and it soon began to appear among the soldiers. The first of these attacked were the men whose mess was nearest to the barbed wire fence. Although several rods away the infection seemed to cross that fence. The only living things that had gone through there, in all that time, were the flies, and their name was legion. The tents were, betimes, black with them. They visited the latrines and from there flew to the mess rooms where they walked all over the food of the soldiers. It was not long before an epidemic of large proportions had developed. Their experiences thus paralleled our own during the Spanish-American war.

THE FLORAL GARDEN.

The experimental Garden is a most interesting place for medical tourists to visit, as is also the Botanic Garden at Peradeniya, near Kandy. The immense flowering trees, the multitudes of beautiful palms, the vari-



Cinnamon Gardens, Ceylon, Showing Eye Hospital.

gated foliage, and the strange shaped plants that can be seen in these places, are an attraction to everybody. No one can look upon an immense *Poinciana regia*, in full bloom, and not be willing to confess that it is the most beautiful tree in the world; but it is not with out close rivals. It is, however, well named "flamboyant," "peacock tree," and "forest flame." Its nearest rival in vastness of regal display is a vine that is known as *Bougainvillea*. There are several species of it. They climb far up on flowerless trees decorating them from root to summit, usually in a blazing mass of magenta.

THE MEDICAL PRODUCTS.

To the doctor the chief objects of interest are likely to be the cinchonas, erythroxylons, strychnos, cinnamons, camphors, cassias, cashews, cardamons, nutmegs, cloves, physostigmas, pipers, myristicas, etc. In passing he will also take a glance at the fields of coffee, tea, tapioca, and arrowroot, that are in evidence in many parts of the island. The cassia fistula tree, if laden with its rich canary-yellow blossoms, is sure to attract his attention even under the name of Indian laburnum. If at all interested in botany he will marvel at the vast numbers of *Lugmenosae* that appear everywhere, and he will be more surprised at seeing the natives mowing down miles of sensitive plants (*Mimosa sensitiva*) that cumber the roadsides as a weed. His garden, and flower-pot *lantana*, that he prizes so much at home, he will soon learn is detested here because of its abundance as a road-side and jungle plant. The jack-fruit trees, the bread-fruit trees, the pawpaws (*Carica papaya* and not the *Asimina triloba* or American pawpaw), the coco-nut palms, the travellers palms, and the toddy palms, will give the forests an exceedingly strange look to him, while the excessive numbers of epiphytes and parasites that weigh them down, will convince him that Darwin was right when he referred to the struggle for existence as the factor in bringing about changes in forms. If he wants to study plant diseases he can do it here to his heart's content, but if he is seeking to know a large number of human diseases there are many places where he would do better than here.

MALARIA AND DYSENTERY.

As has already been stated the chief scourge of this island is malaria, and next to it comes dysentery. It is a well-known fact that wherever malaria is very bad, endemic dysentery is likely to be almost or quite as bad. At one time the cause was believed to be the *ameba dysenterica*, but this is now contested. I am of the opinion that diarrhea and dysentery are symptoms of many different kinds of infection, and that it will yet be proven that amoeba, bacteria, and even the chemical constituents of soil, water, and food can cause their appearance.

Measles is the most dangerous of their so-called zymotic diseases. Smallpox, typhoid, whooping cough, and pneumonia are common. Tuberculosis is less common than in Europe; diabetes is prevalent, as is also cancer. At Hendala there is a leper asylum in which there are usually between three and four hundred cases. Diphtheria is rare and

gout unknown. There are good hospitals, medical colleges and dispensaries in Colombo.

191 Dean Street.

THE SUBMUCUS WINDOW RESECTION OF THE CARTILAGINOUS SEPTUM.*

R. H. T. MANN, M. D.

TEXARKANA, ARK.-TEX.

THERE are certain operations which are so unscientific in their principle and so unsatisfactory in their final results that surgeons welcome any new surgical procedure which offers any hope of better results. This was exactly the condition which existed regarding deflections of the nasal septum when the submucous window resection operation was offered for the relief of the correction of these deformities. The removal of a part of the septum with a saw electric cautery or by any other means in cases of marked deflection always resulted in failure, unless a perforation was produced which, to be sure, was not to be desired. The cause of this failure was not hard to detect, for when the extreme thinness of the septum was considered, how could it be expected to so remove enough to restore nasal breathing and not at the same time cause a perforation?

The Asche operation gave relief in a certain per cent of cases, the failures were from 35 to 50 per cent on an average. This operation had to be performed wholly in the dark after the first cut, as hemorrhage prevented any further view. One of the most serious objections to the Asche operation was the inconvenience to the patient of wearing a splint for six weeks. On the whole the known means of correcting marked deflections was very unsatisfactory. The submucous window resection, when properly performed, completely corrects the deflection without any of the bad results of the older operations and the least inconvenience to the patient. In a word, it consists in removing the crook and leaving the nose in as good condition as before the operation. That this operation presents many difficulties to the beginner is certainly true. It is also true that practice greatly lessens these difficulties, this has at least been my experience and it is quite limited.

There are many deflections which cause no inconvenience, this is especially true in large noses. These should be left alone. It should not be performed on patients in the advanced stages of tuberculosis, nor those in

the primary or secondary stages of syphilis, nor those suffering with any acute suppurative conditions of the nose. The operation need not be performed on old people, unless there is urgent need of it. They have become accustomed to the annoyance produced by faulty nasal breathing, and derive but little benefit from the operation. It should not be done on children under twelve as we do not yet know what effect this might have on the development later. It is indicated in all conditions of the nose where the deflections cause any annoyance, such as mouth breathing, headache, sneezing, a constant secretion and asthmatic attacks due to nasal stenosis. A better knowledge of the anatomy of the parts which has been revealed by the clear views obtained during these operations has clearly demonstrated that most of the so-called spurs are not really spurs, but slight deflections.

The preparation of the face should be as thorough as for any major surgical operation. The nose should be sprayed with an antiseptic solution, and it should also be free from any purulent secretion. Infection is to be avoided if possible. If it occurs it would no doubt very seriously complicate matters. Should it, however, occur, there is nothing left to do but open up and drain.

No doubt the recumbent position is best for the patient. The erect position may be more comfortable for the operator, but many patients will complain of faintness at the beginning of the operation, and will have to be changed from the erect to the recumbent position. For this reason, it will be best to begin the operation in the recumbent position. The Kirstein or some electric light worn on the head furnishes the best illumination. Any light, however, will answer if only deeper parts of the nose can be seen distinctly. The operation can be performed on the average patient under cocaine anesthesia. But if the patient is at all nervous a hypodermic injection of $\frac{1}{4}$ gr. of morphia and 1-150 gr. of atropine sul. had best be administered one-half hour before the operation is to begin. After the nose has been sprayed, pledgets of cotton are saturated with adrenalin and introduced into each side of the nose. These are allowed to remain for a few minutes. Then both sides of the nose are well swabbed with a 4 per cent cocaine solution. Five minutes afterward an injection of cocaine $1\frac{1}{2}$ grs. to an ounce and containing sufficient adrenalin to make a solution of 1-10,000 is injected into the mucous membrane on both sides of the nose, about forty minims should be used, 20 minims on each side. The injection is made between the cartilage and mucous membrane. It serves a double purpose. It

* Read before the Medical Association of the Southwest, held at Hot Springs, Ark., October 8-10, 1917.

renders the field insensible to pain, controls the hemorrhage and also elevates the mucous membrane from the cartilage. For this reason the point of this injection should be just in front of where the incision is to be made. Twenty minutes after the injection has been made the operation lasting nearly a hour can be performed with little pain. Should any pain be felt, however, a 4 per cent solution of cocaine can be applied to the field with a cotton swab. There has been no ill effect from these drugs used in this manner in my cases, although the injections have been used in only the last few. Pledgets of cotton saturated with a 4 per cent solution of cocaine were introduced into each nostril and left for twenty minutes in my first cases, and while the pain was a little more than when injections were made, the separation of the perichondrium from the cartilage was much more difficult and perforations more frequent.

The first step of the operation consists in making an incision in the mucous membrane of the septum from the floor of the nose to within an eighth of an inch of the bridge. This incision should extend through the mucous membrane and perichondrium and into the cartilage, and should be just far enough back from the commencement of the cartilage to leave ample support for the tip of the nose. Should, however, the deflection extend to the tip of the cartilage it will be necessary to make the incision just in front of and down to the cartilage, so that all of the cartilage may be removed to the tip. This, however, will produce very little sagging, not enough to cause a deformity. Many American operators make the incision further back, but this can only make the operation more difficult by removing the field further into a small cavity. The simplest possible procedure with the fewest instruments needed to give the best desired results should be the constant aim of the operator. The German way is the best, because it is the simplest.

The incision can be made on either the convex or concave side. The convex side will prove the easier for most operators. The mucous membrane is also thin on this side and a perforation is less likely to occur. The greatest danger of perforation, at least in the hands of beginners, occurs just at this point. It is best to make the incision down to the cartilage, then elevate the mucous membrane for a considerable distance, when the incision can be extended though the cartilage. While this is being done it will be best to hold the little finger in the opposite side, pressing it against the point where the incision is being made to prevent cutting through the mucous membrane on the opposite side, thus causing a perforation.

Perforations just at this point formed my greatest obstacle in the beginning. They caused me much study and thought, for while one was delighted with the final results of this operation, and the perforations caused little or no inconvenience to the patients yet one did not like to have them.

After the mucous membrane has been separated for a little distance with a sharp elevator, Killian's blunt elevator can be introduced and the mucous membrane easily separated from the cartilage on both sides, over the entire field of the operation, unless sharp curves are encountered, in which case it is advisable to stop and remove that part of the cartilage from which the mucous membrane has been elevated. This is very important for it is easy to perforate the mucous membrane in trying to elevate it from the cartilage around a sharp curve. After the cartilage has been removed up to the curve, the remaining cartilage can be pushed aside when the separation of the mucous membrane becomes quite easy. In removing the cartilage it is no doubt best to introduce Killian's long specula on each side of the cartilage, holding the mucous membrane back, when a clear view can be obtained and the cartilage easily removed with a Ballinger's swivel knife. If too much is removed near the bridge of the nose it may later sink and produce a deformity. Deviations at the floor of the nose, involving the bone are best removed with a chisel. Those occurring in the bone are severed at the floor with a chisel when they can be removed with forceps. When the operation has been completed and it is not until all the crook has been removed, whether that crook be cartilaginous or bony, the cavity is clanged of all remaining blood, pieces of bone and cartilage. If it has been necessary to remove all the bony as well as cartilaginous septum, a flabby condition will remain for about six months. It is doubtful if the cartilage or bone ever reform; the septum, however, becomes firm. The mucous membrane is next placed in apposition. If the edges of the wound do not approximate they can be drawn together with a pair of artery forceps and stitched in place with Killian's needle, but this will rarely be found necessary. If the mucous membrane is now found to be in a straight line, each side is packed with strips of gauze which have been dusted with bismuth subnitrate. This packing need not be very tight, just enough to prevent bleeding after the effects of the cocaine and adrenalin have passed away. It is possibly best to pack the side on which convexity existed first, as it is no doubt better to leave the mucous membrane pushed a little to the side on which the concavity

existed than the one on which the convexity existed.

The after-treatment is simple. Should there be much swelling and pain for the first twenty-four hours, ice cloths can be applied to the nose. Within twenty-four hours the dressing on the side in which the incision was not made can usually be removed. Within from 48 to 72 hours all of the dressings on the opposite side can be removed. After this a little sterile cotton can be worn on the side where the incision was made. The nose can be cleansed every two or three days for the first week or two, then it need not be dressed so often. Should granulating tissue spring from the edges of the wound it can be touched with a solution of 40 grs. of silver nitrate to the ounce.

There are many minor details of this operation which I have purposely omitted for they can be gained only by experience. No operation yet devised for deflection of the nasal septum gives such satisfactory results as this one. It is not an easy operation. Perforations are to be expected in the beginning, but they will become less as experience is gained until they almost disappear.

When the technique is once mastered, many patients applying to the rhinologist will receive relief, whose conditions but a few years ago were but partially or temporarily relieved.

SOME ANOMALIES OF THE STIGMATA OF DEGENERACY.

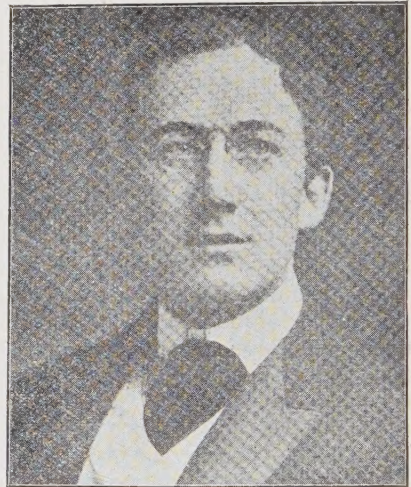
MARC RAY HUGHES, M. D.

ST. LOUIS.

Professor of Mental and Nervous Diseases, Barnes University (Medical Department); Professor of Criminal Anthropology, Benton College of Law; Associate Editor Alienist and Neurologist.

In broaching the subject of Criminal Anthropology, or the study of the criminal being, we have many skeins to unravel and many twisted and bifurcated paths of a dark and dismal labyrinth to explore, where obstacles meet us at every turn, obstacles thrown and placed in our path by a people who have a misconception of the terms stigmata and degeneration. When we think we have reached the last path in the great labyrinth, that leads to success, where at the end of this darkened lane we can see the flickering flame of the lamp of knowledge shedding its fair light in the dim distance, we imagine we are at our journey's end and success has crowned our effort, but alas, there, just in front in our way in this dark path a shadow is cast, and the rays of the lamp reacheth not, a deep and yawning abyss, ready to engulf our

efforts and mock at us in doleful echoes as we are hurled helplessly down, to be dashed against its jagged sides, thrown from side to side, until finally we rest on a ledge and untiringly begin once more our tedious ascent to the cherished goal. The public, swayed by a misconception of the subject of degeneracy, lay in our paths the obstacles, and it is the deep and yawning chasm into which we seem helplessly to fall, but come forth again, in our untiring efforts to benefit criminal beings and place them on a fair footing in the other world. It is the unknowing, unreasoning, unthinking masses, people whose brains are not capable of original reason, that are led by a leader of equal mental



DR. MARC RAY HUGHES.

stability and force, that are responsible for the condition of the country so far as crime life is concerned. There are some, however, who deserve applause; though they are not of the multitude, they are of the class humane in nature who are assisting the under dog to a plane where it will be possible for him to earn an honest living and be of use to his fellow beings. Prisoners are not handled as though they were flesh and blood, but as some inanimate automatons, with an absolute conception of right and wrong as in a normal person. They are arrested, by ignorant police and beaten into subjection, and those blows upon the brain of an unstable neuropath or psychopath serve only to render the unfortunate human a more complete mental wreck and a burden on society for

life. A man or woman found lying in the doorway or on the sidewalk in down town district, or that of the tenderloin, supposedly a "drunk," by this "mental giant," the policeman, is kicked, cuffed and beaten, when in many cases the unfortunate is an epileptic, or has some brain lesion, and the roughness by which he is handled by the "strong arm of the law" render him a object of pity whose place of refuge is the hospital and not the jail, to be brought before the magistrate to answer to a charge for a crime uncommitted.

If malformations like blows upon the head and toxins in the blood may modify character, we should look to find, as we do, variations of character in disease due to individualities of brain structure, both hereditary and acquired. Certain criminal acts are as much the result of diseased brains as other

mention in passing that the indeterminate sentence is one of the most important. I cannot do better than quote from my much esteemed friend and co-worker, William A. Hunter, late warden of the Anamosa State Penitentiary who, I regret to say, was taken away before the fruits of his energy had fully ripened, and whose death has been a loss to humanity in general. Together we had often discussed the good of the indeterminate sentence, and it is largely due to his efforts that some of the states now have that form of sentence.

In his report as chairman of the committee he says:

"I must not enter into any exhaustive discussion of the Indeterminate Sentence, but briefly so far as it relates to prison discipline. The supreme and unanswerable ar-

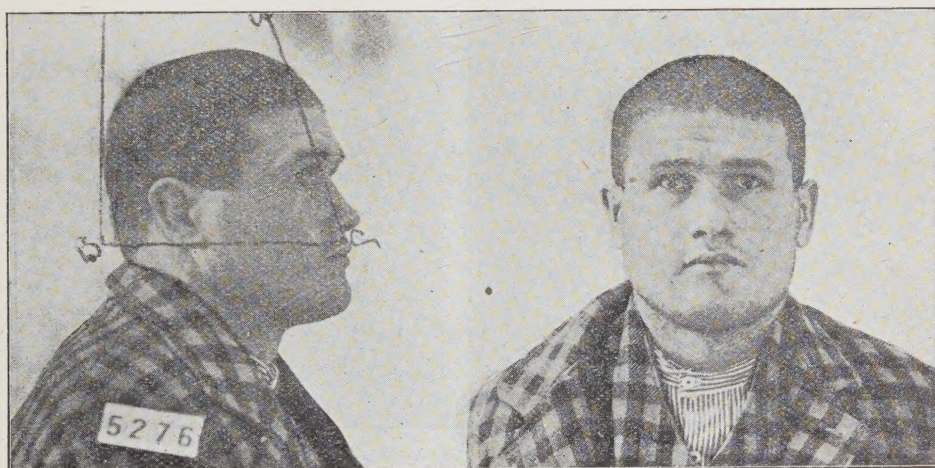


Fig. 5276. Showing markings for anthropometric measurements to determine degree of angle of face and classification of head formation as dolichocephalic, etc.

symptoms are the concomitant of other maladies. Malformation within the brain structure gives rise to these divisions, the insanities, criminal acts and other gross brain diseases, any one of which might run into the other, be a part of it or be dependent upon it; for instance, to begin with, gives a brain lesion, epilepsy and crime the resultants. Those familiar with this branch of science will readily see the philosophy of the foregoing statement. I mention epilepsy as it is well known. When it has developed far enough to involve to a certain degree the psychic centers, the resultant oft times is mania of homicidal character, and homicide is crime.

Insanity is curable in many forms, so also is crime in many individuals. To discuss the methods that would tend to minimize criminal acts would take volumes, but I

gument for the indeterminate sentence is that it furnishes the criminal with the highest incentive for making character and preserving order, while it furnishes the management the broadest opportunity to induce self-control on the part of the criminal. Under this method the court says to him, 'I commit you to prison until you are fitted to become a citizen.' The warden says to him, 'You are here and here to remain until you are fitted to take your place once more in the ranks of society. That day so longed for by you is to be fixed by no court, set by no governor, and to be moved by no influence, but it will come near or far, determined only by your own volition. Your future is in your own hands.' The criminal says to himself, 'Here I am—for how long? The law says that my friends are helpless to shorten my term and no appeal to the executive can

abate my sentence. Sullen looks, stubborn manners, rebellious conduct will only move the date farther down the calendar. There is only one thing which can influence the setting of that red letter day, and that is my own conduct.' You have enlisted his co-operation. All the internal man goes out to meet your external effort. What co-operation and profit-sharing is to the factory in promoting industry, order and production, the indeterminate sentence is to the prison. No greater crime against society could be committed than to turn loose a man who has been adjudged unfit to be at liberty, no matter whether he has been in prison for one year or for life. No greater injury could be done the man himself than to give him

dishonesty is the best policy, and that the Ten Commandments are out of date—who shall deny him the logic of the situation? He does not know that in the long run justice is always swifter than the feet of wrong, and that history holds no criminal of yesterday who is not in the grip of remorse and reprobation today. He does not live in the long run—but from hand to mouth. Now he must learn that goodness pays, and that honesty is a good investment.

"Under the indeterminate system he sees his credit and debit marks piling up and sees the day of his emancipation shifting back and forth on the calendar, rising and falling in the guage, registering accurately his progress in vice or virtue. The lesson that it



Fig. 5232. Showing same method as in Fig. 5276 with base and hypotenuse of triangle reversed.

the hope that he can be released until he has squared his conduct with the moral law. Let the star of hope be inexorably kept shining over the pathway of virtue, but let it be inexorably blotted out over the pathway of vice.

"A system of marks which classifies prisoners into grades, combined with the parole and indeterminate sentence enables you to teach the criminal the most valuable lesson for citizenship that he is likely to learn, and that is, that it pays to do right—thus creating a powerful leverage for the regulation of human conduct. In the world from which he came the proverb that honesty is the best policy is at a discount. We must, in all fairness, admit he is not to be severely blamed for this estimate of the economic value of righteousness. In the short run (and the criminal always lives in the short run he has observed that trickery, dishonesty and thievery pay pretty good dividends, and he comes to the conclusion that

pays to do right, the hardest of all lessons to teach children and harder still to teach men, is written before him night and day. It is inexorable, irrevocable. Admitting that often the sleekest criminal, the shrewdest and perhaps even the greatest will escape through the meshes of the indeterminate sentence, can it be denied that it quite often happens under the present regime? But even though the indeterminate sentence be imperfect we contend that it is still infinitely better for the criminal, for under this system he follows the path of virtue, law, and good order; he wears himself into a certain rut, the path he treads becomes a habit to him and habits are not thrown off in a day or in a month. The habit of observing good order and looking upon right as having a real and practical value cannot be easily shaken off, it is to have a grip on him which it never had before. Constant repetition cannot help making a habit, which, though it may be thrown off, to be sure, is also subject to the

possibility of becoming automatic. We have just as good right to consult our hopes as our fears and to presume upon the good as upon the bad.

"If outside influence touches the indeterminate sentence plan with as much as its little finger, the whole scheme is lost, but we must admit that influence (political or otherwise) could not interfere more than it does under the definite sentence plan. If prisons are to do their required work in making men and creating character, the state should employ the very best penologists possible regardless of expense, give them an absolute, free hand and allow neither friends nor politicians, nor executive clemency to interfere, or the whole system is demoralized and the fruits of true discipline lost."

There must be two great divisions of crime, just as in lesions of the brain, namely, organic and inorganic or functional, the inorganic representing the volitional criminal, whether inherited or acquired, the organic representing the habitual moral imbecile, incorrigible and insane criminal; therefore, on the one hand certain forms of criminals are as incurable as certain other forms of mental disease. To say that a child born of criminal parents must be a criminal is preposterous—environment and discipline will dispel the inherited predisposition to crime, just as proper management will eradicate the predisposition to further unstableness that a child inherits from neuropathic or psychopathic parents. Given a child born of criminal parents. Take him from their influence and from criminal environment, direct his thoughts in the proper channels, the brain will begin to develop normally, he will acquire the habits of his environment and a normal being will be the result. The longer the criminal infant remains and is allowed to grow in an atmosphere of crime, the more imperfect becomes the brain formation and the harder it is to arrest his criminal tendencies. If allowed to run on, he finally becomes an instinctive criminal. The angles of the face and head show the equivalent of brain strength. In making anthropometric measurements, race idiosyncracies must be taken into consideration. Those races that have an index separate to themselves, such as the Indians, negroes and others whose indices must not be classified as belonging to the anomalies when it falls below or above the scale as in comparison with the anomalies of others showing other stigmata.

To give all of the anomalies of the stigmata of degeneracy would be going too much into detail, but suffice it to say that the measurements of the head and face are the first in importance of all the anthropometric meas-

urements, then the distance between the eyes, the ears, teeth, hard palate, skin and other anomalies of the general organism, too numerous to mention here. Every author and worker in criminal anthropology knows that it takes a number of anomalies to form the stigmata of degeneracy. Many people who are not familiar with the anthropology of the criminal or insane variety are prone to say that every one is a criminal according to the anthropologist, but some day they will recognize the fact that no normal individual has a whole series of anomalies of the stigmata of degeneracy, as are found among the insane and criminal. One other point I mention in favor of the indeterminate sentence if it ever supplants capital punishment, and that is the legal murder of those unfortunates who are not mentally able to control their impulses. Dr. Havelock Ellis says in his treatise on Anthropology, "The Criminal," "A very large number of crimes are committed by persons who are impelled by delusions or who have before the commission of the crime been in a condition of mental alienation. Nearly a hundred persons every year in this country are sent to prison to be found insane on admission. The hanging of persons who are afterwards generally regarded as insane has been and is still frequently carried on. In Germany Dr. Richter has shown that out of 144 lunatics who were, as was afterwards shown at the date of crimes in the highest degree insane, only 38 were recognized as insane by the judge, i. e., 106 madmen were on account of their madness, condemned to severe punishment. Out of 100 insane persons brought to the bar of justice, only 26 to 28 are recognized as insane (vide infra) Sander & Richter (*Die Beziehungen Zwischen Geistesstörung und Verbrechen*).

If criminals were examined as to their sanity by anthropometric measurements alone, before they were brought before the bar, that grave mistake would not be made. A judge's power should rest at commitment, and as to duration, that is beyond him and should be left wholly in the hands of officers of the penitentiary, just as the commitment is, in reference to the insane; the judge can commit to an asylum, but he cannot determine the length of time or duration of the commitment. The two photographs speak for themselves, inmates of the Anamosa Penitentiary. Have they not the marks of degeneracy? Judge for yourself. I have drawn the two facial angles so that you may see an easy method of determining the facial angles of degenerates. A simple measurement, and with some knowledge of geometry, we are enabled to ascertain correctly their deficiencies. The angle is measured and worked by

this formula: $\text{Cosine } C = \frac{\text{Side adjacent}}{\text{Hypotenuse}}$. You have given in Fig. 5276, hypotenuse and side adjacent to find the degree of the angle C. Supposing the line B C measured 15 inches and the line A C measured 10 inches, then your angle worked out would read: $\text{Cos. } C = \frac{\text{Angle } A}{H.} = \frac{10}{15} = .66666$ which is the Cos. C, and the angle looked for would be 48 degree 48 minutes. If the other angle is wanted, the formula is reversed. All of the anomalies have an index and can be worked out and proven. The figure marked 5232 shows method of drawing for ascertaining both facial angles as are worked by the formulae above given. To give the methods of measuring anthropometrically, the other anomalies must be deferred to a future time, but in conclusion let me add the work of an anthropologist is that of befriending the criminal, and removing the conditions that have placed him or her in their present position, and elevating them to a place where they will be enabled to mingle once more with society, and given a chance to at least earn a living. "Once a criminal always a criminal," is the everlasting cry of the people who imagine themselves above every one else, and cultured to the highest degree, because they have enough to live on, and possibly some more, and do not think others less fortunate themselves have a right to live, much less walk the streets in freedom. They are selfish to the very core, and think not of any one but themselves, and to hire even as a servant to do the most menial labor would be to their little minds a thing preposterous. If these pseudo-wise ones were as wise as they think, they would discharge from their employ some of their "trusted servants" and take in the one who frankly says when he applies for work, "I have just come from the penitentiary," because it is the novice and first offender that will own his guilt, but the third and fourth term criminal will deny it every time, though sooner or later it is found out. No one knows why each individual has committed his respective crime, until his story is told, and no one believes it when it is told, notwithstanding every word of it is true, simply because he has at one time been in the penitentiary. If in many instances the first offenders were given a show when released, the chances are that there would be no third or fourth term convicts. The first offenders come back into the world. They seek employment. They go to a prospective employer with head bent, like a cowed dog. "Convict" is stamped all over them, and an observant person can with little difficulty see it. During the conversation between the prospective employer and employee,

the first offender will say he has been in the penitentiary. That word seals his fate. He goes from place to place to be greeted with the same response to his plea, until driven to it by sheer hunger and want the miserable soul "commits a second crime." This time he is sentenced, but he does not come forth again as a first offender who is supple and can be swayed by proper environment, but as one impregnated with the atmosphere of crime, and determined to do beggar jobs, believing he has had sufficient schooling in the art, acquired in the school for crime, where the inmates rehearse to their fellow convicts the proper way to blow a safe, or break into a house, leaving no tracks behind. Shall we call the penitentiary a school for crime? Judge for yourself. These are the facts, and many more incidents in the life of a criminal are at my command. This is truth, not fiction. Every individual who enters a penitentiary as a convict comes out knowing more of crime than when he enters. In mentioning as a title for this paper "Some Anomalies of the Stigmata of Degeneracy," I have given an outline of but one, the others are withheld for the second and third paper of the same title, this being the first.

3872 Washington Ave.

THE DISPOSITION OF THE APPENDICEAL STUMP.*

BENJAMIN MERRILL RICKETTS, M. D.

CINCINNATI, O.

THIS subject is dealt with from two viewpoints:

First.—The consideration of the various methods of disposing of the stump.

Second.—The causes of hemorrhage and its frequency.

In response to a number of circular letters to surgeons sixty-four replies were received, representing 80,851 appendectomies, with an average mortality of seven and one-half in acute and one and three-fourths per cent in the chronic cases.

Eighty per cent of the total number of operations reported have been done by the purse-string methods. The number of acute and chronic cases were about equal in number.

The various per cents of different techniques is given, also the per cent of cases in which the different ligatures and sutures of catgut and linen were used.

* Abstract of a paper read before the Mississippi Valley Medical Association at Columbus, O., October 8, 1907.

About sixty cases of hemorrhage from the stump are mentioned, forty of which are tabulated in detail with eleven deaths.

Of the sixty cases of hemorrhage mentioned all but one have resulted in the purse-string methods.

The technique of each of the sixty-four surgeons reporting is given briefly.

Investigation of this subject shows that many operators have abandoned and are abandoning the purse-string methods, and that simple ligature for the firm and complete extirpation for the soft appendix are the safer methods.

Any other than simple ligature and extirpation are (like catgut for ligature or suture) absolutely condemned.

There are fine illustrations, showing the vascular supply of the head of the cecum appendix and mesocolon, and thirteen giving the various forms of technique.

PURULENT CONJUNCTIVITIS IN INFANTS AND ADULTS.*

MARK D. STEVENSON, M. D.

AKRON, O.

A very large percentage of blindness has resulted from this disease in infants alone with a great resulting economic loss. The writer makes a plea for greater care being exercised to prevent this disease, fully describes the prophylactic methods to be employed before and after birth, and insists that Crede's method with 1 or 2 per cent silver nitrate solution should be carried out in most if not all cases. Physicians are enjoined to explain carefully the danger of infection from any gonorrheal or leucorrheal discharge, and the many methods by which the contagion is carried, e.g., towels, flies, etc. If one eye is uninfected it is covered by a properly applied shield of mica instead of Buller's watch glass.

A careful microscopic examination of any purulent discharge should always be made. It is often necessary to use differential stains and make culture tests. After minutely describing the pathology and course of the disease in infants and adults, he insists that the most important thing in treatment is thorough cleanliness. If there is much discharge the lids must be gently separated as often as every ten or fifteen minutes. After calling attention to the danger of carelessly treating such cases, the writer minutely describes how each step in treatment should be carried out, and insists that the attendants should be instructed in every detail,

and warned as to the danger of spreading the contagion. There should always be at least two attendants to treat an infant, and he describes what each should do. The cleansing is done by pressing the solution from small pledgets of cotton so that a swift stream will not be thrown against the cornea. After each cleansing the margin of one of the lids is smeared with sterile vaseline or other ointment to prevent gumming together of the lids and permit free escape of the discharge.

In a private house he confines the patient to one room. In treating an infant the following is placed on a small table or chair within easy reach: a pint or quart bottle of the cleansing solution, e.g., 1-15000 bichloride or boric acid, a container, as a saucer, boiled for ten minutes before each treatment, containing a small quantity of fresh warm solution in which cotton pledgets are placed; a plate on which to throw the soiled pledgets of cotton; a towel, containing a roll of cotton, an eye dropper and a 10 or 15 per cent protargol solution for instillation by attendants; a tin tube of 1-5000 bichloride ointment or sterile vaseline (very rarely, when properly shown how to use it, a lid elevator might also be kept on the table); a clean solution of common salt, and a dark bottle containing 1 or 2 per cent fresh, clear silver nitrate solution, wrapped in a towel with boiled tooth-picks for physician's use.

Weak silver nitrate solutions are preferred to any of the new silver substitutes, although after describing how to apply properly the silver nitrate solution he also mentions the use of the most important substitutes. The surgeon should apply the silver nitrate once a day, but the patient may instill argyrol or preferably protargol several times a day while the profuse discharge continues. A safe degree of cold may to some extent inhibit the growth of germs during the beginning of the disease, but the danger to the nutrition of the cornea, especially if ulcerated, is pointed out. When the lids are greatly swollen, the external canthus may be cut to relieve the pressure on the eye-ball, thus reducing the congestion and bettering the nutrition of the eye. The conjunctiva when it overlaps the cornea retaining pus in the trough formed, should have openings made in it. Free catharsis, supporting measures, and anodynes are occasionally prescribed. He prefers milder antiseptics in the later stages of the disease. In adults a gently applied pressure bandage may be used for small staphylococci. It is important to preserve the eye-ball in infants, if possible, so that both sides of the face will develop equally. As ordinary pus germs are usually present in the discharge

*Abstract of a paper read before the Mississippi Valley Medical Association at Columbus, O., October 10, 1907.

from an infant's eyes, the mother's breasts are likely to become infected, unless the child's face and mouth are carefully cleansed before each nursing, and pads of absorbent cotton fastened by a bandage over the infant's eyes while nursing. Artificial feeding is often advisable for the short time during which the discharge continues.

A large abscess in the ischio-rectal region may communicate with an infected dermoid cyst at the base of the spine.

STRANGULATED INGUINAL HERNIA IN INFANTS WITH REPORT OF A CASE.—John Eger-ton Cannaday, Hansford, W. Va., surgeon-in-chief, Sheltering Arms Hospital (International Journal of Surgery), discusses the subject of inguinal hernia in infants, and concludes that as a rule, it is best to advise the wearing of a truss for several years of infancy and early childhood, with the hope of getting a cure without operation—only resorting to operation in case of strangulation or of failure to effect a cure by the use of a truss. When strangulation does occur, operative relief is even more imperative than in the case of an adult, as the powers of endurance are less. The pathology and symptomatology, diagnosis, prognosis and treatment of strangulated hernia is considered. He does not believe in wasting much time in taxis. He gives indication for reduction or resection of intestine. He objects to transplantation of the cord by reason of its predisposition to epididymitis. He advises the use of buried sutures of thirty-day chromic catgut. The skin edges are brought together by a subcutaneous suture of celluloid linen thread. He reports a case of strangulated hernia in a three months old male baby. Reduction as attempted under chloroform anesthesia before patient was brought to the hospital. The operation was performed under local anesthesia induced by a 2 per cent solution of eucaïne; a collodion dressing was used. He summarizes as follows: "I would note the infrequent but occasional occurrence of strangulated hernia in infants. The ease of a reasonable certainty in the diagnosis of this condition. The dangers of taxis by reason of the fragility of the structures involved. The dangers of operation in infants have perhaps been overestimated. By proper caution and care the risks of post-operative infection can be largely eliminated. The shock incident to anesthesia and prolonged manipulation can be avoided by the proper use of a sterile and practically non-toxic local anesthesia and by rapid and careful work."

THE MEDICAL FORTNIGHTLY

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Editorial Rooms, Suite 319-321 Century Building, St. Louis.

EDITORIAL

WE feel that there must be none of our readers who is failing to find much that is tremendously interesting in the series of communications which are now appearing in the FORTNIGHTLY from Dr. R. G.

Travel Notes from Abroad.

Eccles, who has but lately completed his trip around the world; few travellers see so much and are able to make so interesting a narrative of the things seen. Dr. Nicholas Senn, is another physician-traveler who is not selfish during his pergrinations, and who shares strange sights and unfamiliar scenes with the American profession, with him the readers of the Journal of the A. M. A. are now doing South America. His last communication deals with Argentina. During the World's Fair we discovered that nothing pleased a native of Argentina better than to hear his countrymen called "the Yankees of South America," they present many characteristics which make such a comparison occur to those who have studied conditions among our neighbors of the South. Argentina is probably better known to Americans than any of her neighbors, yet we know very little except that she is definitely in business, and means to be recognized in that connection. Dr. Senn's letters deal almost exclusively with matters of specific interest to the profession. Writing of Buenos Aires, a city of a million population and about 1500 physicians he states that the social status of the profession is high, and medical and surgical services are paid for on a scale comparing well with our own. Political influence is a greater element in professional success than with us and medical cliques are numerous. The conditions under which foreign practitioners may practice are very stringent. Twenty-three separate examinations must be passed at times convenient to the examiners and fees paid to the amount of \$378. Though

the examinations are fair, the ordeal is a tedious one. The medical societies are rather numerous, though their membership is small as compared with the total number of physicians. Nearly a dozen medical journals are published in Buenos Aires. A peculiar feature mentioned is a medical students' organization, conducted apparently on labor union principles, which carried on a successful strike that closed the medical schools for two years. The medical department of the University of Argentina and its course of studies are described at some length. Its equipment is very complete and it seems to be a fit adjunct to the university, which is at present the principal seat of learning in South America. A university degree is a preliminary requisite to the medical course, which extends over seven years. The present number of students is 2,300, of whom 40 are women. There is a provision also for postgraduate work. The medical college has also a special department under charge of two professors for the instruction of midwives, and the means of practical instruction are provided for in a course of two years in the Maternity Hospital adjoining the college. It is evident, Dr. Senn says, that the modern ideas are kept pace with in the medical instruction in Argentina. French text-books are used almost exclusively. He hopes that more students and teachers will become familiar with the English and American medical literature.

It is but rarely that the profession is privileged to listen to so scholarly an address as

The Present Clinical Aspect of Stomach Surgery.

was that delivered by Dr. A. J. Ochsner on the above subject at the inaugural meeting of the Surgical Section of the St. Louis Medical Society. It is doubt-

ful if another is fitted to speak so authoritatively on the subject, and it is seldom that one, so undoubtedly an authority, approaches the matter with so pleasing a degree of modesty. While the whole paper was of a character to make it of interest to both surgeons and internists, the indications for surgery and the fundamental principles which must be followed in the technique to insure good results as stated by the author were the meat of the subject. As to indications or surgical intervention he stated that three—possibly four, conditions called for surgical treatment: 1. The closure of the defect following perforative ulcer, or gunshot or stab wounds, or rupture of the stomach due to traumatism. 2. The establishment of drainage in cases of

obstruction of the pylorus due to neoplasms, cicatricial contraction, the presence of indurated ulcer, or hour-glass stomach in the adult, and the presence of congenital stenosis in children. 3. The removal of neoplasms; and possibly 4. The correction of gastropyloritis.

The principles laid down which must characterize the surgeon's technique if he expects success in the work were concisely stated as follows: 1. The amount of traumatism must be reduced to a minimum. 2. The intra-abdominal organs must be exposed as little as possible to cold air or cool pads. 3. The patient must be placed in a sitting posture as soon as possible after the operation. 4. In case of closure of perforation the direction of the wound must be chosen so as not to result in obstruction later as a result of cicatricial contraction. 5. In case of excision of a neoplasm all the tissue closely connected must be removed with the growth to the greatest extent possible in the presence of existing anatomical relations. 6. In gastro-enterostomy the lowest portion of the stomach must be chosen, no matter whether anterior or posterior gastro-enterostomy be performed, the latter however being preferable. 7. There must be no tension upon any sutures in any gastric operation. 8. Except in complete gastrectomy, the coronary artery must always be preserved. 9. In patients with an unusually fat transverse meso-colon in whom posterior gastro-enterostomy is performed the opening should be torn very large and the edge should be sutured to the stomach in order to prevent obstruction. 10. In case of acute gastric dilation following any stomach operation a stomach tube should at once be introduced and gastric lavage be employed, care being taken not to introduce more than one-fourth liter of water at a time. 11. The simplest possible technic should be employed, preferably without the use of mechanical apparatus.

THE ninth annual meeting of the Ohio Valley Medical Association will be held at Evansville, Ind., November 13 and 14, under the presidency of Dr. Brooks F. Beebe, of Cincinnati. The Lancet-Clinic, in referring

to this meeting says: "The medical profession of Evansville is making every effort to render a visit there a very pleasant as well as a profitable one. The two-day-sessions will be devoted to the scientific work of the Association. The evening session of November 13 will be a popular assembly, held in

one of the largest auditoriums of the city, and to which the laity will be most cordially invited. At this session Dr. Beebe will deliver his retiring address, and Dr. Curran Pope, of Louisville, Ky., one of Kentucky's orators, will deliver the annual oration, his theme being "The Age in Which We Live." While the Journal of the American Medical Association has failed to place this event among its list of coming meetings, it has been advertised in other respects. The profession of the Ohio Valley is cognizant of the meeting's importance, judging by the requests to be placed on the programme and by the frequently expressed determination to attend the sessions. A treat is in store for the visitors. It will profit every one to leave his practice for two days and attend this post-graduate course in medicine and surgery, and to renew old acquaintances."

THE MEDICAL FORTNIGHTLY will publish Dr. Pope's oration, as well as a report of the meeting, in the next issue.

LOCAL MEDICAL NEWS

DR. BRANSFORD LEWIS has been invited to address the Buffalo Academy of Medicine on "Cystoscopes and Practical Cystoscopy" at a special meeting to be held on January 8th next. It is needless to say that this will be a feature of the Academy's work for the year.

THE removal of Dr. A. J. Steele from the office which he had for many years occupied on Washington Ave. to new quarters in the heart of the best section of the West End again marks the westward progress of the profession. Dr. Steele has located at 5871 Maple Avenue.

THE marriage of Dr. Frank Rumbold to Miss Susan McCord, one of St. Joseph's fair daughters, is one of the latest matrimonial ventures of interest to the local profession. We had come to regard Dr. Rumbold as a confirmed bachelor, but it appears he was not an immune. Congratulations.

THE inauguration of the Medical Section of the St. Louis Medical Society was celebrated on November 9th at the Auditorium. Dr. J. H. Musser, of Philadelphia, addressed the Section, speaking on "The Fundamental Principles of Therapeutics." Dr. Musser's stay in the city was made eventful by receptions and entertainments in his honor, chief among which was a banquet given at the University Club on the evening of the 8th by the Alpha Omega Alpha Society.

DR. W. F. BRANCH, an associate of the Mayos at Rochester, Minn., has been spending some days in St. Louis as the guest of Dr. Bransford Lewis. Dr. Branch visited a number of the clinics and was a guest of the St. Louis Urological Society at its meeting November 6th.

DR. GEO. GELLHORN and his family are spending some months in Europe. The doctor is doing special work along gynecologic lines in the clinics, and his wife, who is the daughter of Dr. Fischel of this city, is being entertained by her husband's family and friends. They will return late in the year.

A BANQUET to Dr. Kenneth W. Millican, lately of this city, but now of Chicago, was given by his friends on the evening of November 8th at the Columbian Club. Dr. Millican was but three years a resident of St. Louis, but he managed to leave an impress during the short time which was tremendously influential in the general uplift of the profession which is at present a materializing fact. He made a host of warm friends whose regret at his departure cannot be expressed.

RABIES.—One of the most humane laws possessed by any State in the Union is the law passed recently by the Illinois Legislature providing that all poor persons bitten by a rabid animal, or otherwise put in danger of infection with rabies, shall be sent to an institution for its cure, the expense of treatment, \$100, to be paid by the State, and the transportation expenses to be paid by the county in which the victim resides. New York and Ohio are the only States possessing similar laws.

MEDICAL SOCIETY OF THE MISSOURI VALLEY.—The following standing committees for the year have been named by the president, Dr. William F. Milroy, of Omaha: Publication.—Chas. Wood Fassett, William T. Elam, Luther A. Todd, all of St. Joseph. Credentials.—Van Buren Knott, Sioux City; Chas. G. Geiger, St. Joseph; A. D. Wilkinson, Lincoln; Vernon L. Treynor, Council Bluffs; Edward C. Henry, Omaha. Judicial.—O. Beverly Campbell, St. Joseph; John E. Summers, Jr., Omaha; S. Grover Burnett, Kansas City; Joseph M. Emmert, Atlantic; Alex. S. von Mansfelde, Ashland. A cordial invitation from the Lancaster County Medical Society, to hold our semi-annual meeting in the city of Lincoln, has been received and accepted. The date will be March 19 and 20, 1908. The committee of arrangements will be announced later.

CHAS. WOOD FASSETT, Secretary.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

WOMAN IN GIRLHOOD—WIFEHOOD—MOTHERHOOD. Her Responsibilities and Her Duties at all Periods of Life. A Guide in the Maintenance of Her own Health and that of Her Children. By Myer Solis-Cohen, A. B., M.D., Instructor in Physical Diagnosis, University of Pennsylvania, etc. Properly illustrated with colored plates, scientific drawings and half-tone engravings. Philadelphia, Chicago and Toronto: The John C. Winston Co. 1907.

This book is intended as a guide to mothers in educating herself and properly bringing up her offspring. It is not a so-called "family doctor book," but is strictly ethical in its entirety. It is written in a clear and forceful manner, containing many good illustrations with the incorporation of a glossary at the end of the book so as to facilitate an accurate interpretation. Physicians will find this an excellent book to recommend to their patients contemplating marriage or expecting to become mothers.

A TEXT-BOOK OF PRACTICAL THERAPEUTICS. with especial reference to the application of Remedial Measures to Disease and their employment upon a rational basis. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Twelfth edition, thoroughly revised and rewritten. Illustrated with 114 engravings and 4 colored plates. Philadelphia and New York: Lea Brothers & Co., 1907.

A flattering testimonial of the practicability and demand of a text-book could not be better illustrated than by the number of editions in which it appears. The twelfth edition of this standard work is entirely abreast of modern times, and every effort is made by the author to maintain and increase its scope of usefulness. In the present edition more complete information is given to materia medica than ever before, together with a full consideration of the recent advances in therapeutic procedures. Drugs which have been introduced within the past two years and have proved useful are fully discussed. Illustrations are used whenever necessary in assisting to elucidate the text.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on Treatment, Medicine, Surgery, Neurology, etc., by members of the Medical Profession throughout the world. Edited by W. T. Longcope, M.D., Philadelphia. Volume II. Seventeenth Series, 1907. Philadelphia and London: J. B. Lippincott Co.

The second volume of this recognized series continue to deserve the same praise as its predecessors. Perhaps the most noteworthy article in the section on treatment is that written by Crile on the various treatment of infectious diseases. In this section well written articles are also contributed by Abraham Dardel and Taylor. The chapters on medicine contain an elaborate plea for laparotomy rather than paracentesis in ascites by

Doul. Dieulafoy interestingly discusses paralysis of the oculomotor nerves in diabetes, while Letulle and Roux contribute illuminating articles on the detection of the ova of intestinal parasites in the feces and clinical examination of the cerebrospinal fluid. The section on surgery is represented by Clogg, who writes on perforated ulcer, Cumison on surgical syphilis, Bodine on anesthesia, and Wainwright on asepsis and antiseptics. The sections on gynecology, pediatrics, neurology and pathology are represented by men of good judgment and contain many useful suggestions to the general practitioner.

MODERN MEDICINE: ITS THEORY AND PRACTICE. In original contributions by American and Foreign authors. Edited by William Osler, M.D., Regius Professor of Medicine in Johns Hopkins University, Baltimore, etc. Assisted by Thomas McCrea, Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1000 pages each: illustrated. Volume II. Philadelphia and New York: Lea Brothers & Co., Publishers, 1907-9-8. (Price per volume, cloth, \$6, net.)

This volume covers admirably the entire field of infectious diseases. The work is in accord with modern times, and each chapter is an impress of originality and investigation. Hektoen begins the first chapter with an elaborate introduction to the study of infectious diseases. Although the subject is scientific and to a great extent theoretical the reader will accomplish much information by its perusal. The chapters on typhoid, typhus and relapsing fevers are written by McCrea in an emphatic and absorbing manner. Councilman very ably discusses smallpox and chickenpox, while a scholarly article on vaccination emanates from the pen of Dock. The subjects of scarlet fever and diphtheria are written by McCollom in a style as to absorb the reader from start to finish. Ruhräh very intelligently discusses measles, rubella, the fourth disease, infectious erythema, whooping-cough and mumps. Very good chapters on influenza and dengue are respectively written by Lord and Coleman. The chapters on epidemic cerebrospinal meningitis by Koplik is an expression of observation and good judgment. Erysipelas is clearly and intelligently discussed by Anders, while over one hundred pages of interesting reading matter are devoted to the discussion of lobar pneumonia by Musser and Norris. Pearse presents elaborate and well written articles on toxemia, septicemia and pyemia. Well written chapters on acute rheumatism, Asiatic cholera, yellow fever and plague are respectively contributed by Poynton, Dunbar, Carrol and Calvert. Finally, the chapter on bacillary dysentery is written in the English language by the discoverer of the bacillus, Shiga himself, thus affording the reader the full benefit of the author's views

which would have been lost, to a certain extent, had the article been translated. Editorial co-ordination is a conspicuous feature throughout the entire volume, and we feel that in our review columns the full amount of credit cannot be given to a work which we regard as the highest standard of scholarship.

VISITING AND POCKET REFERENCE BOOK (PERPETUAL), 1908. Revised and enlarged, handsomely vellum bound, lapel, pocket size. St. Louis, Mo.: J. H. Chambers & Co., Publishers. (Price 50 cents.)

Condensed, at the same time sufficiently elaborate to give such information required in a book of this character. Convenient to carry in the pocket; containing 128 printed and blank pages. Synopsis of contents: Table of Signs—How to Keep Visiting List—Obstetrical Memoranda—Clinical Emergencies—Artificial Respiration—Poisons and Antidotes—Dose-Table—Important Incompatibles. Ruled printed pages for: Weekly Visiting List—Memoranda—Nurses' Addresses—Clinical Record—Obstetric Record—Birth Record—Bills—Rendered—Cash Received—Miscellaneous Memoranda: Death Record—Vaccination Record—Articles Loaned—Cash Loaned. The publishers will mail copy post-paid on receipt of 24 2c stamps.

ST. NICHOLAS IN 1908.—It is good news to all boys and girls, big and little, that Frances Hodgson Burnett has written another "Queen Silver-bell" fairy story, "A Spring Cleanings" which will appear in an early number of St. Nicholas. There are to be many other short stories, in every number of the year, from such well-known writers for children as Temple Bailey, Rebecca Harding Davis, Elaine Goodale Eastman, B. J. Daskam, and Captain Harold Hammond, the author of "Pinkey Perkins;" and there is to be another serial story by Agnes McClelland Dalun, author of "From Sioux to Susan" and "Fritzi," which will run through several numbers under the title of "The Gentle Independence of Bab."

IMMORALITY AMONG ANIMALS.—Immorality, in its broadest sense, may be defined as the deflection of any natural power, member, or instinct from its purpose to one that works harm for the species. Among animals we have recorded nearly every kind of abominable vice that was known among men and forbidden by the Mosaic law. In captivity and domestication we see such things all too often, but rarely in a state of nature, partly because the cases are scarce and difficult to observe, and partly because the creatures of vice soon destroy themselves; they pay the extreme penalty.—Ernest Thompson Seton in November Century.

ILLINOIS CONFERENCE OF STATE CHARITIES.

Twelfth Annual Convention, held at Jacksonville, Ill., October 9-11, 1907.

Education of Profession and Public on Insanity

At the opening session of the Illinois State Conference of Charities, Dr. Frank Parsons Norbury delivered the president's address on "Education of Physicians and the Public Regarding Insanity." He said that the solution of the problems regarding insanity, which were largely educational, should be reached through two avenues: First, improved clinical instruction of the medical profession; and, second, popularization of our present knowledge of insanity. Education is a public safeguard and the medical profession should provide through its channels, all possible knowledge to fortify against the inroads of mental disease. Considering the results attained in other fields of preventive medicine he believes that the people stand ready and willing to have presented to them in practical form the knowledge of insanity which exists today. Moreover, they will co-operate in solving the problems with this knowledge, just as they have in solving the problems of tuberculosis, yellow fever, malaria and smallpox. The trouble in the past, in our schools in the education of physicians regarding insanity, has been and is the want of clinical opportunities in the medical schools, and save for a few of the larger schools situated in cities where access could be had to detention hospitals, it was, and really is, now the rarest thing for a clinical lecture to be delivered on a mental case. Consequently, the average graduate of the past never came in contact with a case of insanity, knew little of even the principles of insanity, for usually but a few lectures were delivered, and they in their didactic dryness, seldom appeal to the real want of the students. In a great measure, this criticism still exists, for marks in mental diseases in many of the schools are not among the necessary credits for graduation.

Fortunately, there is a dawn of a better day for clinical psychiatry. It is a pleasure, a real, intellectual treat, to see now and then, in the medical schools in smaller medical centers, like Indianapolis and Ann Arbor, a roster of clinical lectures on mental diseases held in the hospital owned by the state, equipped especially for clinical instruction by the state, and contributed by the state as their part in the endeavor to disseminate knowledge of mental diseases among medical men. This is a wonderful advancement, a true triumph for scientific medicine and

second in importance for the public's welfare, to the establishment by the state, of hospitals for the housing of the insane.

Illinois, alas! is just on the edge of the clinical perid; it would have stepped in it this past year but for the fact that we as a state, as reflected in the minds of our legislative body, are still in the nursing-bottle stage of this great educational problem. Illinois has, however, in so far as improving the service in state hospitals and in insuring a more stable and developed medical service are concerned, made great advancement in the past two years; first in inaugurating civil service for the medical staff, which will doubtless secure efficiency after it gets to working in normal channels. Again, it has made provision for the educational advancement of this permanent medical staff by establishing the Psychopathic Institute at Kankakee, where facilities for thorough clinical instruction in all that pertains to mental diseases will be undertaken. This, too, will require time to develop in its full potential possibilities for genuine, wholesome work. From this much-desired nucleus in the state is to go out the great work of education which will directly affect the problems encountered in hospital practice, and indirectly, the whole medical profession, for with thoroughly trained clinicians in the state service, they will and should, reflect their knowledge on the mass of the profession through the channels of the medical societies, the current medical literature, and through popular lectures before local lay societies, and through the magazines and other popular current literature.

On the education of the masses depends not only the prevention of diseases, which is a crowning glory of the past and of this century in medicine, but it means money necessary to provide psychopathic hospitals and to educate physicians to the highest possible attainment.

Social Aspects of Medical Work.

DR. RICHARD C. CABOT, Boston, said that doctors must study social work and diagnostic psychology, educational psychology, psychotherapeutics and race psychology. Educators and clergymen must study all of these things and also physiology and social works. Social workers being, of course, acquainted with social work, need to study all of these other items, including, of course, physiology. The evidence that these things are being done is shown in the reorganization of hospitals and medical schools, the medical tone given to modern social work, and the schools for hygiene and for nurses. Out of this increasingly close interdependence there

is revolving a public medicine which is educational, preventive and sociologic. The spread of municipal, state and national medicine is shown in boards of health, tuberculosis work, health inspectors in factories, school nurses, teaching of hygiene in schools, free public lectures on medicine, efficient public hospitals and dispensaries, district nurses, state and municipal laboratories, the safeguarding of water and milk supplies, the playground, public bath movement, free vaccine, diphtheria antitoxin, quinine and thymol (Porto Rico); and legislation against "patent medicines," dirty bakeries and packing houses.

All these things tend steadily to restrict the sphere of the private doctor. They are diminishing the number of medical students in Europe and America. This is well, because people are not pauperized by efficient medical help though given free, because the temptations of the impecunious private doctor are almost too great to be borne, as shown in Bernard Shaw's "Doctor's Dilemma," and because it costs too much to be sick nowadays. The state is rapidly taking over medical work, as it has taken over educational work, and as it will take over medical work more and more.—J.A.M.A.

SURGICAL SUGGESTIONS

American Journal of Surgery.

A small incision and the proper employment of Bier's breast cup will secure exceedingly gratifying results in the management of breast abscesses.

The occurrence after laparotomy of marked distention of the upper abdominal zone, vomiting and collapse, points to acute dilatation of the stomach.

A perforated intestinal ulcer, especially if low down, may give all the signs and symptoms of acute appendicitis. A very high leucocyte count with a high percentage of polynuclears, and the presence of a large amount of fluid in the peritoneal cavity, accompanied by general rigidity may suggest the diagnosis.

Ten grains of trional (or veronal) the night preceding an operation, and a quarter of a grain of morphine one hour before operation, will make an anesthesia easier and more complete and it will not be followed by the usual after-effects of a complete narcosis.

An inguinal hernia giving signs of obstruction and partially reducible, may empty into a properitoneal sac in Hesselbach's triangle, a loop of gut being compressed against the neck of the sac.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

OTOLOGY.

ALBERT F. KOETTER, M. D.

Simulation and Dissimulation in Diseases of the Ear and Their Recognition.—(Stenger, *Deutsche Medicinische Wochenschrift*).—Simulation is much rarer than aggravation or dissimulation. The methods for unmasking of simulators are not absolutely reliable, and are mainly artifices to test the credibility of the individual examined. Author mentions a number of such methods (Vollolini, Biehl, Hummel, Cogges, Bloch and others). The attempts to unmask in simulation of an extreme bilateral deafness are simply a matter of deceiving the individual. If bilateral deafness is simulated, only observation in an institution can lead to exposure. Those simulating deaf mutism are best brought in contact with real deaf mutes where there awkward pantomimic speech will expose them.

The Examination of the Reflex Vestibular and Optic Eye Movements and Their Value for the Topical Diagnosis in Paralysis of the Eye Muscles.—(Barany, *Muenchener Medicinische Wochenschrift*).—Horizontal nystagmus may be produced if the patient in the erect position on a revolving stool, is turned, when turning to the right nystagmus left, and when turned to the left, nystagmus right. In syringing the ear with cold water, nystagmus is caused to the side not syringed. This nystagmus consists of rotatory and horizontal components, but can be maintained clear if the head of the patient is bent to the left or right side. To obtain an optic nystagmus the author has constructed an apparatus, a cylindrical roll pasted with black stripes turned horizontally or vertical before the patient's eyes. With the help of these methods Barany succeeded in locating the seat of a severe eye muscle paralysis as supranuclear. The post-mortem verified the diagnosis. Author assumes the presence of two centers to produce the nystagmus, in which the one (in the primary eye muscle nucleus) cause the slow; the other (in contra-lateral visual center), the rapid movements. In several other cases he demonstrates the utility of his methods of examination.

Cough.—(M. Parmentier, *Le Progrès Medical belge*).—This symptom is seldom observed in normal conditions of the air passages, although a symptomatic cough in affections of the digestive and genital organs,

is known as an hysterical cough or cough "sine materia." The author reports two such cases of cough. To get back to the symptomatic cough he sketched a design of the reflex act concerned. He calls attention to the theory of Trousseau regarding the mechanism causing the cough which simulates whooping cough. Parmentier cites the pharynx, larynx, nose and ear cough, and calls attention to the importance of the otorhino-laryngological examination in stubborn cases of cough that are often and wrongly characterized as chronic bronchitis, and respond readily to simple remedies, gargling, painting of the larynx and cauterization of the zones of nasal mucous membranes that cause coughing.

Bier's Hyperemia in Otology.—Leutert (*Deutsche medicinische Wochenschrift*) discusses the experience of the different observers, treating middle ear suppurations with Bier's hyperemia, and gains the following results: (1) It has been proven that hyperemia is without results in chronic middle ear suppurations, but the question has not been decided if it is not applicable in acute suppurations of the mastoid process. (2) The hyperemia is dangerous in mastoid suppurations, because of the proximity of the sigmoid sinus, this knowledge may be carried to similar relations in general surgery. This danger is apparently modified when rupture of pus from mastoid process occurs, but not entirely removed. Therefore further attempts should only be made in ear clinics. The recommendation of this method to the general practitioner is objectionable. (3) The action of the hyperemia in the, as is well known, severe forms of middle ear suppurations following scarlet fever and measles, has not been tested to any great extent. It must be used with great care in these cases. (4) Recent cases are not adopted to clear the situation, excepting those which are severe from the start, that according to our present conception the operation is indicated in a few days, as is usually the case in scarlet fever suppurations. (5) As the treatment by hyperemia presupposes the simultaneous use of the old therapy, the former will not supplant the latter in recent and mild cases, especially as regards the removal of the pain and the initial fever, in which the paracentesis works more rapid than the hyperemia.

Isolated Primary Tuberculosis of the Lobe of the Ear.—Pätzold (*Zeitschrift fuer chirurgie*) reports three cases. Patients were fourteen, fifteen and twenty-four years of age. The lobe involved was swollen and thickened, as both skin surfaces were changed by disease,

the skin in consequence of the tension was glistening, bluish red, not ulcerated, not desquamating, free from nodules, sharp line of demarcation from healthy tissue. The disease did not involve the auricle; all patients wore ear-rings. The examination of excised pieces showed necrotic foci and giant cells. Author in closing depicts the picture of this disease, as already described by Haug. On the basis of a tubercular infection leads to isolated primary disease of the lobe, and, namely, to primary tuberculosis of the subcutaneous fatty tissue. The point of entrance is usually the puncture canal for the ear-rings. The auricle is always free. The disease progresses very slowly. The therapy consists of a radical removal of all diseased tissue.

A New Lamp for Transillumination of the Mastoid Process.—(A. H. Andrews, *Journal of Ophthalmology and Otology*.)—The twelve-candle power lamp is covered with a rubber hull, having an opening at the end of 5.16 mm. An ordinary speculum is introduced into the external canal and pointed posteriorly so that the posterior wall of external canal may be inspected. The lamp with the O opening on the posterior part of mastoid process and the visual direction to the front. In normal mastoid process the light is noticed in external canal, but not if the mastoid process is filled with pus and granulation. This result is based on the examination of more than one hundred mastoid processes. In more than fifty cases where light did not penetrate pathological changes were found on operating. The value of the transillumination was shown in the following cases: 1. In acute cases which in the early stages showed good transillumination, gradual darkening occurred, after the mastoiditis receded, the light again penetrated. 2. Acute cases in which it remained dark as it progressed, at the operation showed necrosis, pus and granulation tissue in the mastoid process. 3. The same results found in chronic cases. 4. In cases of prolapsed and closely adhering sinus to the external canal, darkness in vicinity of sinus was found, transillumination above and below was good.

Mastoiditis in Diabetics.—(John D. Richards, *New Archives of Otology*.)—His conclusions are based on the examination of nine cases: 1. The appearance of mastoiditis is characteristic. There exists acute otitis media, often without pain, permanent bulging of membrane. Gradually a narrowing of the cartilaginous canal occurs, low temperature, absence of acute inflammatory symptoms of mastoid process, later occurring swelling and edema of mastoid indicate ex-

tensive destruction and epidural abscess. 2. The slow progress of the symptoms of mastoid involvement indicates low vitality of the tissues. 3. The favorable action of a proper diet and increasing doses of codein is sometimes marked. 4. The mortality in these cases is high (six out of nine). Death usually occurs a few days after the operation in diabetic coma. 5. In plethoric individuals of advanced age chloroform is the better anesthetic. 6. The use of the anesthetic is often followed by an increase or decrease, or even a temporary disappearance of the sugar in the urine. 7. If dyspnea develops after the narcosis, it is a bad sign. 8. The good result depends on the rapidity of the operation and the short duration of the narcosis. In the cases of Richards all were finished within thirty minutes. 9. The bone must be removed beyond the margin of the disease, otherwise a second operation may be necessary which usually ends fatally. It is very wrong in such cases to sew the soft parts to any great extent. 10. Diabetes favors appearance of sinus, thrombosis and subcortical cerebral hemorrhage. 11. The assertion that cases with more than 3 per cent sugar should not be operated, as they end fatally is not sustained, and it is also not true that cases with acetone and acetic acid offer an absolutely unfavorable prognosis

GENITO-URINARY.

T. A. HOPKINS, M. D.

Intramuscular Mercurial Injections in Syphilis.—From ten years' experience with the method, W. S. Gottheil, New York City (*Jour. A. M. A.*, August 3), recommends as a routine treatment in syphilis the intramuscular injection of insoluble mercurials, claiming for it over other methods of administering mercury, a greater rapidity of action, especially in acute cases, more security against relapses and lessened danger of hereditary transmission of the disease. The patients themselves soon come to prefer the treatment; it is much less trouble to receive an injection at the doctor's office once in ten or fourteen days than to be taking pills or medicine several times a day. It is a lesser tax on their memory and time, and the risk of publicity is less. The injections, properly administered in the gluteal region, cause very little pain and very slight inconvenience, indurations are exceptional and do no harm; they are indications, other things being equal, for reducing the frequency for the amount of the injections. On this account he sometimes prefers to give a 5 or 6 drop

injection weekly instead of twice that amount once in two weeks. Abscesses, he declares, are due to faulty technic, and he has found them, even in hospital and dispensary work by internes and assistants, very rare indeed. The danger of pulmonary embolism after the the injections is considered by Gottheil almost illusory. He always insists on the precaution of disconnecting the syringe and watching the lumen for a few seconds before making the injection, and with this it is difficult to see how it could occur. There is evidence of the entrance of the point of the needle into a vein in about one in twenty-five injections, but this simply entails its withdrawal and reinsertion elsewhere. Mercurial intoxication may occur, but is less frequent than with the use of mercury in other ways. He always begins with a small dose and progresses up to a full one as the patient's reaction is learned, and it is safe to do so. Having the treatment directly under control of the physician is a great advantage of the method over other modes of the administration of mercurials.

Practical Venereal Prophylaxis.—Denslow Lewis, of Chicago (Med. Rec., October 12, 1907) believes that the time has come for general instruction of the public as to the rational prophylaxis of venereal disease. Much of this instruction must be given by the physician, and several of the great medical societies have become enough awake to this matter to appoint committees to devise means for this education. Public sentiment must be created which will allow of and demand such instruction in the daily press, which has always refused to consider such articles as publishable. The laws of the United States as to the transmission of obscene literature by the mails are so inexact and contradictory that it is difficult to transmit such information without being arrested and fined as a sender of obscene literature. These laws should be amended so as to make it possible for responsible physicians to transmit and publish such information without danger of being held responsible to the post-office authorities. There should be some sort of registration and examination of prostitutes; not the European system of legalization, but such a system as shall oblige the examination of prostitutes by the proper authorities so as to prevent them from propagating venereal disease. We must teach the hygiene of sexual life to children and to parents. Thus abortion, illegitimacy and infanticide, as well as venereal disease will be limited. Every school should teach it by means of properly instructed teachers or physicians. Prophylaxis in children will be favored by

the removal of all sources of irritation about the genitals. The boy and girl as well should know the truth about sexual matters, and not learn it in a garbled way from associates. Women's clubs, secret societies, and gatherings of women are appropriate places for the instruction of parents.

Ureteral Calculus in the Female.—E. Garceau, Boston (Jour. A. M. A., September 28), remarks on the difference in the surgical treatment of ureteral calculus in the female from that in the male owing to the different anatomic conditions, enumerates the various operations that have been devised for the relief of the condition, pointing out their respective advantages and disadvantages, and describes one devised by himself which he considers to have certain advantages in rapidity of execution and slowness of trauma. He opens the anterior cul-de-sac, pushes the peritoneum back, everts the broad ligament backward and feeling the stone with the crooked finger tip, pushes it down toward the vaginal vault, cuts on it with a small incision and squeezes it out. It is best to pass a catheter into the ureter before the operation, securing it with adhesive plaster slips, so as to protect this structure while incising the cul-de-sac; it also serves to detect stricture or the presence of other calculi. With the small incision into the ureter it is not necessary to sew it together and if any leakage of urine occurs it will easily find its way into the vagina. The operation, however, requires a roomy vagina and is clearly inapplicable in cases in which natural atrophy has narrowed the passage and there is little room for manipulation and greater danger of hemorrhage. In these cases the abdominal extra-peritoneal operation is required. The operation is hardly needed when the stone is situated in front of the broad ligament, but a stone situated directly under the broad ligament and a little behind it can be reached in a roomy vagina by the operation described. Stones between the pelvic brim and the base of the broad ligament are the most difficult to remove, but can be reached by the extraperitoneal incision, except sometimes when there are dense adhesions. Sometimes in such cases Kelly's method of pushing on the stone toward the vagina through an extraperitoneal incision in the iliac region may make it accessible through the vaginal vault, but such cases must be rare. Stones above the pelvic brim must be attacked through an extraperitoneal incision, and most surgeons will prefer to follow Deaver's rule of exploring the kidney first through a lion incision, pass a ureteral sound down the ureter, locate the

stone and enlarge the incision according to need.

Syphilitic Reinfection.—Cases of second infection with syphilis are so rare that many physicians assert that the diagnosis of such a case necessarily stamps the diagnosis of the first case as erroneous. This mistake leads to reassuring the patients of future immunity after one infection. Experience with one case of unquestionable reinfection emphasizes the subject in the reviewer's mind. Another case is reported by Brew (*Med. Rec.*, July 27, 1907), the patient was examined by himself and treated at various times by two reputable physicians, in which there was every reason to believe that syphilis had existed and been cured and a reinfection had occurred. Most syphilographers at the present day agree in saying that such a cure and reinfection are possible, although rare. The patient described was treated carefully for an undoubted attack of syphilis, from which he recovered and remained without any syphilitic manifestations for fifteen years. He was then treated for a hard chancre followed by a macular eruption and sore throat. Marrying then, a syphilitic child was born to the couple, although the mother showed no evidences of ever having had the disease. The manifestations of the second attack could not have been tertiary in their nature.

Perineal Section for Obstruction of Prostatic Urethra.—Barnett in a paper read before the recent meeting of the M. V. M. A., sums up the cause and effect of acute retention of urine. He considers catheterization more dangerous than operation. He believes bladder drainage through median perineal section the operation of choice. Patients practically moribund recover following improved operative technic with minimum quantity of anesthetic, oxygen inhalation post-operative, Fowler's position, aspiration irrigation with large drain tube and "out-of-bed" posture second day. Simplicity yet thoroughness in the post-operative treatment is the desideratum. His case report is a continuation of some cases of like nature reported in the November, 1905, *Surgery, Gynecology and Obstetrics*. He concludes in his last case reported, that a posterior gonococcus urethritis with its concomitant advancement, i.e., prostatitis, cystitis, Cowperitis, vesiculitis, vasitis and epididymitis—always remains an infected field. Be it active or passive, mild or virulent, a yearling or a twenty-year old, age seems to change the morphology of the coccus not one iota and its host or habitat seems unable to expel it, and unless we can improve on its culture media outside of man

that will equal him in its development so that Wright's opsonic indices can be properly taken—until this is accomplished the post-gonorrheic man must be looked upon as a candidate for surgical operative measures for relief sooner or later in life. "More's the pity."

SOCIETY PROCEEDINGS

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.*

Thirty-third Annual Meeting, held at Columbus, Ohio, October 8-10, 1907.

The President, Dr. Horace H. Grant, Louisville, in the chair.

The scientific work was divided into medical and surgical sections. The officers elected were given in our last issue.

Local Versus General Anesthesia in Rectal Surgery.

DR. G. B. EVANS, Dayton, Ohio, believes that by using a local anesthetic previous to general anesthesia the amount of the general anesthetic is appreciably lessened; the dread and fear are diminished, also shock and danger. Therefore, the combined method of narcosis, less anesthetic, suspending shock incident to conscious dread, as well as anesthetic shock, renders more complete the operative area and consequently more satisfactory work. It is easy to operate on prolapsing piles, but not so simple to operate on piles above the sphincters, yet they demand operative interference. Operation for hemorrhoids is serious, often attended by some shock, and the greatest caution should be observed to secure asepsis. He does not think it is best for patients that general practitioners should be taught that aseptic precautions at the time of operation and rest at home for a few days are unnecessary.

DR. BERNARD ASMAN, Louisville, gave a few reasons for some unsatisfactory results in the treatment of ano-rectal diseases. A correct diagnosis is always a first essential, for without it all treatment is largely guess work. Of all rectal ailments, anal fissure is ordinarily thought to be one of the simplest and easiest to cure, yet experience frequently proves it to be most unyielding. Ninety-nine per cent of the laity assume that all ano-rectal troubles are hemorrhoidal in character, and it is not uncommon for them to approach the physician with a diagnosis ready-made, and to preface a description of the case in question with, "Doctor, I have

*Report, *Jour. Am. Med. Asso.*

piles." The doctor is then apt to accept the diagnosis with but a superficial examination, or perhaps no examination at all, and hence failure to afford relief follows. There are comparatively few cases of hemorrhoids pure and simple; they are usually complicated by other local disease, perhaps requiring attention at the same time if a perfect result is to be expected. Cases were cited in point.

The Frequent Interdependence of Dislocated Kidney, Gall-Bladder Trouble and Appendicitis.

DR. EARL HARLAN, Cincinnati, (abstract of this paper in our issue of October 10.)

The Disposition of the Appendiceal Stump.

DR. B. MERRILL RICKETTS, Cincinnati (see abstract in this issue).

When Should Gastric Ulcer Be Treated Surgically?

DR. MILTON R. BARKER, Chicago, said that all cases of gastric ulcer, regardless of any class in which they may be placed, excepting the neglected class, should primarily be treated medically, but that in the light of surgical achievements in this malady the internist has a double responsibility to his patients: First, to do all his methods can do, and, second, to discontinue those methods before his patient has reached such a condition that surgical methods can not be instituted without undue hazard. When medical and surgical science can thus work together the treatment of gastric ulcer will have attained the acme of perfection.

The Removal of Adenoids.

DR. JOHN F. BARNHILL, Indianapolis, described a safe and rapid method of removing adenoids. The selection of a proper curette having been made an assistant takes the child on his lap, places the patient's knees between his own knees, and thus clamps them as in a vise. The child's head is placed on the left shoulder of the assistant, where it is firmly held between the two hands of a second assistant. Neither a tongue depressor nor mouth-gag is necessary. The operator sits on a chair facing the patient, who is requested to open the mouth. The curette is quickly inserted behind the palate, the posterior surface of which it should hug until the crest of the instrument presses firmly against the vomer at its point of junction with the body of the sphenoid. In this position the patient's mouth must be opened to its fullest limit, and the curette will occupy a position in a plane about forty-five degrees to the horizontal when the ample width of the fen-

estra surrounds the entire growth. Keeping the curette exactly in the center line of the patient's nasopharynx the crest of the instrument is pressed firmly against the vault, in which situation it is quickly pushed backward and downward, the cutting blade of the curette closely hugging the entire base line of attachment of the adenoid, which is thus completely severed en masse and falls from the patient's mouth when the head is held forward for a that purpose. In the majority of cases only twenty or thirty seconds is required to do the entire work after all is in readiness.

The Surgical Treatment of Some Inflamed Glands.

DR. E. B. SMITH, Detroit, urged the enucleation of inflamed suppurating glands. Where there is a hernia and the protruding tissue irritates a set of glands then the hernia and not the glands must be cared for. Where the inflammation has progressed to the stage where resolution can not be brought about by poulticing, or where a simple incision will not effect a cure and the tissue is broken down, or there is an accumulation of germs, then the only logical procedure is a radical operation. Glands found beyond hope of repair are excised, thus getting rid of a large number of germs, the remaining issues being treated antiseptically and repaired. Repeated attacks of inflammation render the glands weak and susceptible to disease and suppuration. When glands are incised, the inflammation and suppuration either subside or become quiescent for a time, and then from a slight trauma become inflamed and suppurate.

Goiter.

DR. GEORGE W. CRILE, Cleveland, Ohio, recently made a study of his cases of operations on the thyroid gland, numbering 152, and he briefly summarized them from the standpoint of the practical management of the surgical thyroid. The development of the surgery of the thyroid is best appreciated by the statement that the mortality from thyroidectomy in simple goiters, in non-malignant and benign tumors, has fallen from 40 per cent to a fraction of 1 per cent. In his own series, the last 101 such operations have been done without a fatality. The surgery of benign tumors and hypertrophies of the thyroid gland is now placed on a basis comparable with that of appendicitis in the quiescent period, of gallstones, and of ovarian tumors. The mortality from unexpected complications is perhaps one in one hundred or two hundred cases in the hands of a surgeon experienced in this line. Exophthalmic

goiter is demanding much further investigation. Excision of the thyroid in exophthalmic goiter breaks a pathologic chain and the cure is permanent. In a goiter under observation, if the gland begins to grow it should be promptly excised because of the great possibility of its becoming a malignant growth. Many more thyroid glands should be removed, just as benign tumors elsewhere are removed, to prevent the appearance of a malignant growth.

Neuroses of the Bladder.

DR. ROBERT C. M. LEWIS, Marion, Ohio. (This paper appeared in full in *Medical Fortnightly*, October 10.)

Intramural Transplantation of the Round Ligaments Versus the Alexander Operation or Ventrosuspensio-Fixation.

DR. CHANNING W. BARRETT, Chicago, gave a summary of the work done with intramural transplantation of the round ligaments, and, after comparing it with the Alexander operation and ventrosuspension, presented the following conclusions: 1. The Alexander operation fails because most cases of retrodisplacement are complicated. 2. An operation to be widely useful must open the abdomen for inspection and correction of complications. 3. It should be capable of being combined with the best incision for doing work. 4. It must not create false ligaments which will not evolve during pregnancy and involute thereafter. 5. There must be no abnormal arrangement of natural ligaments which allows them to run transperitoneally. 6. When the round ligaments are ample, the inner, stronger portion of the ligament should be chosen. 7. Operation for retrodisplacement must often be performed after much other operating, and so should not offer any tedious technicalities, such as are found in the external search for the ligaments. 8. His internal inguinal shortening and transplantation of the ligaments through the abdominal walls submitted for comparison with external shortening of the ligaments, or ventro suspension operations, as one seeming to meet the essential requirements of an operation for retrodisplacements.

[To be continued.]

COLD FRESH AIR.—At a recent meeting of the New York Academy of Medicine, Dr. Bovaird, Jr., contended that it was not only fresh air which was needed in the sick room but cold fresh air. He mentioned the fact that if children with ileocolitis could be kept alive until October, a cure could almost be guaranteed.



THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

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CLINICAL THERAPEUTICS

A forum of original experience, to which scientific contributions are invited. Responsibility for views promulgated limited to author.

Query—What Pharmacopoeial Preparations Should Be Kept on Hand by the General Practitioner?—(By R. J. Smith, M. D., Schenectady, N. Y.)—If the general practitioner expects to dispense, and the demands of his practice are extensive, his stock of drugs necessary to do good work should be large. If a drug store is within reach, all bulk goods may be obtained on prescription by the patient, thus lessening the amount of capital invested. If this query is understood to mean emergency drugs, the list would include apomorphine, atropine, cocaine, digitalin, ergotin, glonoin, hyoscine-morphine-cactin, morphine, hyoscyamine, pilocarpine, strychnine—all in hypodermic tablets. In a pocket case should be carried a sufficient number of remedies to meet indications in acute maladies. This list should include aconitine amorphous, veratrine, digi-

taline (or the defervescent compound,) gelseminine, calx sulphurata, calx iodata, codiene sulphate, copper arsenite, pilocarpine, glonoin, hyoscyamine amorphous, emetine, apomorphine, sanguinarine, calomel, podophyllin, strychnine arsenate, anodyne for infants, brucine, cicutine, tonsillitis tablets, colchicine, Dover's powder modified, dosimetric trinity, chlorodyne, atropine. This pocket case can easily be carried in the inside coat pocket. With a good hypodermic syringe and a supply of tablets, and such a pocket case, a general practitioner has always with him an assortment fully equal to any sudden emergency.

In addition to this, he must have phenol or lysol, corrosive sublimate, chloroform, ether, dolorpyrine, veronal quinine, W-A intestinal antiseptics, Buckley's uterine tonic, glyco-magnesium suppositories, Abbott's saline laxative, hydrozone, zinc sulphate, bismuth subnitrate. With all these, he will find opportunity for others, as his diagnosis of conditions presenting becomes more refined, but most acute diseases will be met with confidence with the above stock. The question of active principles versus galenicals must be answered by each for himself, but the ease and availability of the active principles, their economy, safety, efficiency and uniformity are rather strong arguments in their favor.—Pacific Medical Journal.

The Care of Growing Girls.—One of the most responsible tasks of the family physician is to advise parents of girls entering upon their teens, as to the diet, mode of life, and hygienic measures best calculated to preserve the health of budding womanhood. In dealing with these cases the practitioner is often called upon to treat the anemia which in such a large proportion of instances characterizes the unfolding of the growing girl. Full well does the family doctor grasp the meaning of this anemia, and the vast importance of combating it before it is too late—before the impoverished condition of the blood of puberty has left its imprint upon the powers of resistance of the adult organism; has done permanent damage to the future woman and the future mother.

Unsuitable diet, an overindulgence in sweets or spices, over-study, lack of fresh air and physical exercise, indulgence in late hours and abandonment to novel reading, to tight lacing, and other abominations of dress, contribute their quota to the causes of anemia in the growing girl. Each of these factors is, of course, removable by good common-sense advice to parents and by proper exercise of discipline. Still, when the damage has been done, we must assist nature in its

generous work of restoration, and here it is that we are obliged to give that sovereign cure of impoverished blood, iron, in such form as may best be suited to these cases.

The question as to what form of iron we should give to produce the best possible effects has been solved by both experimental and clinical researches conducted during the past twenty-five years—ever since Bunge and Hamburger experimentally demonstrated the inferiority of inorganic preparations (Morat and Doyen, *Traité de Physiologie*, Paris, Masson 1904, I, 467). Iron, in the anemia of puberty, produces the best effects when given in a form that will stimulate digestion and increase assimilation, i.e., in the form of the peptonate. With it should always be combined that second hematinic which has been shown to enhance the value of iron—manganese—and the two are best given in the form of the well-known solution, styled "Pepto-Mangan (Gude)."

With this may be given, in the anemia of growing girls, minute doses of Fowler's solution, or equally small doses of strychnia which may be incorporated with pepto-mangan as indicated in individual cases.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the regulation of diet, including a sufficient amount of fruit, raw and cooked, and of cereals giving a large residue of cellulose. With this method of treatment many a physician has achieved success which was rewarded tenfold, by the sight of rosy faces and bright eyes.

AVULSION OF PENIS.—Biondi (La Clinica Moderna) reports the case of man, aged 64, whose penis was pulled off by an energetic young woman with whom he was attempting to have sexual intercourse against her will. The case came into the courts, and as it was of considerable forensic interest as to the possibility of such a thing occurring, experiments were conducted on the cadaver. It was found the force necessary to avulse the penis in a flaccid state was greater than that possessed by an ordinary person. But in the erect state, which was accomplished on the cadaver by the injection of sodium chloride solution direct into the corpus cavernosum, the resistance, which was chiefly due to the tunica albuginea, was very much reduced, and quite within the average strength of a woman.—The Lancet-Clinic.